

EMPLOYEE PLEDGE FORM



United Way of
Licking County

CONTACT INFORMATION (Please complete entire section)

First Name _____ MI _____ Last Name _____

Mr. _____
 Mrs. _____

Mailing Address / PO Box _____

City _____ State _____ Zip Code _____

Company Name _____

E-Mail Address Work Personal _____ Phone Number Work Personal _____

United Way respects your privacy and will not share your personal information with third parties.

LEADERSHIP RECOGNITION

A combined gift of \$500 or more qualifies as a Leadership Gift

Tocqueville Society
(\$10,000 +)

Sylvia Flory Sinsbaugh
(\$5,000 - \$9,999)

Gold Circle
(\$2,000 - \$4,999)

Silver Circle
(\$1,000 - \$1,999)

Bronze Circle
(\$500 - \$999)

PAYROLL DEDUCTION

OR

ONE-TIME CONTRIBUTION

\$ _____
Amount

X

of Pay Periods
Per Year _____

\$ _____ Cash Check - Number _____

BILL ME OR CHARGE MY CREDIT/DEBIT CARD

1 One Time Monthly Quarterly Start Date _____

2 Bill Me
 Charge my Credit or Debit Card (Minimum donation of \$50 to charge card)

3 Billing Address for Card
 Same As Above _____
 Other _____

_____ / _____
Credit/Debit Card Number Expiration Date

Diamond Donor
I have donated to UWLC
for 25 years or more.

Combine my gift with that of:

Name(s)

List me/us in the leadership
directory as:

Name(s)

Name(s)

SIGNATURE (required to process)

X

OPTIONAL: I WOULD LIKE MY GIFT TO SUPPORT (minimum \$50 donation)

Behavioral Health

Promoting healthy communities that effectively address addiction, child abuse and neglect, domestic violence, and mental health.

\$ _____
Amount

Children, Youth & Families

Increasing opportunity for children, youth, and families to thrive.

\$ _____
Amount

Poverty

Coordinating and enhancing services that promote self-sufficiency.

\$ _____
Amount

OR

Another Agency

Minimum \$50 donation. Eligible organizations must be recognized as a public service charity by the IRS; tax exempt under IRS section 501(c)(3); registered as a charitable organization with the Ohio Attorney General; provide health and human services and located in the state of Ohio.

Organization Name and Address _____ \$ _____
Amount

TOTAL GIFT

\$ _____

White Copy - United Way
Yellow Copy - Payroll
Pink Copy - Employee

I prefer to remain anonymous.

I have named UWLC in my will.

I would like more information on
leaving a legacy gift to UWLC.

I plan on retiring in ____/____
Month / Year

Thank you for your contribution through the United Way campaign. No goods or services were provided for this contribution. United Way of Licking County is an exempt organization as described in Section 501(c)(3) of the Internal Revenue Code; EIN 31-4379455. Please keep a copy of this form for your tax records. Consult your tax advisor for more info.